Delaware Department of TransportationDocumentation of Professional Services Good Faith Efforts

A.	Project Information				
	Agreement Number(s)/Title:				
В.	Prime Consulta	nt Information			
Com	pany Name:				
Cont	act Person:				
Addr	ess:	Cit	y, State, Zip Code:		
Ema	il Address:				
Phor	ne Number:	F	AX Number:		
Is Pr	ime Consultant certifi	ed as a Disadvantage	d Business Enterprise (D	BE)? Yes No	
If so, please enter your firm's certification number:					
C.	Good Faith Effort Criteria Questions				
1.	Did you attend the pre-proposal meetings?			☐ Yes ☐ No	
1a.	Did you contact parties who attended the pre-proposal meeting				
Describe your efforts made:					
2.	Did you advertise in general circulation, trade association, minority-focus media and/or other media to solicit the interest of those who have the capability to perform the work of the contract in sufficient time for them to respond to the solicitation? Yes No If yes, please identify all publications and attach the proof of each advertisement listed.				
	ication:	Date:	Publication:	Date:	
	ication: ication:	Date: Date:	Publication: Publication:	Date: Date:	
r ubi	ivativi i.	Dal e .	r ublication.	Dalt.	

3.	Did you provide written notices to solicit the interest of those who have the capability to perform the work of the contract in sufficient time to allow them to respond to the solicitation? DBE Directory of Certified Firms	☐ Yes Identify ead on the Atta form pre	achment A	
4.	Did you follow up initial solicitations with a second contact to determine with certainty whether they were interested?	☐ Yes Identify eac contact <i>Attachm</i> e provi	on the <i>nt A</i> form	
5.	Did you select portions of the work to be performed by subconsultants in order to increase the likelihood that the DBE goal would be achieved? This includes, where appropriate, breaking out contract work items into economically feasible units to facilitate subconsultant participation.	Yes Please ider items of word This listin correspor information Attachn	rk selected. g should nd to the shown on	
Item		Estimated		
Item	No: Estimated %: Item No.:	Estimated	%:	
6.	Did you provide interested parties with adequate information Yes No about the requirements of the contract in a timely manner to assist them in responding to a solicitation?			
Desc	ribe the efforts you made:			
7.	Did you negotiate in good faith with interested subconsultants?			
Desc	ribe the efforts you made:			
8. Desc	Did you reject subconsultants as "unqualified" with sound reasons based on a thorough investigation of their capabilities? ribe your reasons:	☐ Yes	□ No	

9.		rts to assist interested nes of credit, or insuran ade:		☐ Yes ☐ No
10.		to assist interested co materials, or related ass		☐ Yes ☐ No
Desc	cribe the efforts you ma	ade:		
11.	1. Did you effectively use the services of available community organizations; contractors' groups; local, state, and federal business assistance offices; and other organizations as allowed, on a case-by-case basis to provide assistance in the recruitment and placement of sub-consultants?			
Describe the efforts you made:				
Res	ource:	Date Contacted:	Resource:	Date Contacted:
Res	ource:	Date Contacted:	Resource:	Date Contacted:
Res	ource:	Date Contacted:	Resource:	D . O
	ouroc.	Date Contacted.	ixesource.	Date Contacted:

12.	Please identify any additional good faith efforts, which have not been discussed in the previous responses.		
Des	cribe any additional efforts you made:		
D.	DBE Program Assurance		
repre	NOTICE: In accordance with 49 Cesentative of the firm listed below, mu		6 the undersigned, a legally authorized te this assurance.
By its signature affixed hereto, assures that it will attain DBE participation as required by the Department.			
knov		d	tal is true and correct to the best of my ay ofin the year of our Lord two
SE	ALED, AND DELIVERED IN THE presence of		CORPORATE SEAL
			Name of Contractor
Attes	st:	Ву:	
			Authorized Signature
			Title
		Dated:	
	e case of a corporation, firm, or partne corporation, firm, or partnership and t		must be signed by the appropriate officials of rate seal must be affixed hereto.

Professional Services GFE Documentation

The following is provided to help you keep track of your contacts. This information is required to verify the Good Faith Efforts made if the selected Consultant fails to achieve the DBE participation goal.

(Duplicate this form as necessary.)

G	OOD FAITH EFFORTS CONTACT INFO:
Date:	Time:
Company Name:	
Contact Name:	
1	
G	OOD FAITH EFFORTS CONTACT INFO:
Date:	Time:
Company Name:	
Contact Name:	